MAXIMUS Federal Services

Case Number:	CM14-0021145		
Date Assigned:	03/23/2015	Date of Injury:	02/08/1999
Decision Date:	05/29/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who sustained an industrial injury on 02/08/99. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include a lumbar spine MRI and EMG/NCV of the upper extremities. Current complaints include increasing low back pain radiating to the lower extremities, as well as neck pain radiating down both upper extremities. In a progress note dated 12/03/13, the treating provider reports the plan of care including decompression and disc arthroplasty at L3-4 and L4-5, as well as continued medications. The requested treatments include total discectomy and arthroplasty at L3-5, assistant surgeon, 3-4 day inpatient stay, and a VertAlign brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Total Disc Arthroplasty at the L3-4 and L4-5 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Disc prosthesis.

Decision rationale: While California MTUS/ACOEM Guidelines do not specifically address total disc arthroplasties of the lumbar spine, it does state that referral for surgical consultation for lumbar spine injuries requires severe and disabling lower leg symptoms and distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; and clear clinical and imaging or electrophysiological evidence of lesions have been shown to benefit in both the short and long term from surgical repair. Per Official Disability Guidelines, it states that total disc arthroplasties are not recommended. While artificial disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not possible to draw any positive conclusions concerning its effect on improving patient outcomes. Furthermore, longevity of this new procedure is unknown, especially with a relatively young average age in workers' comp patients, and the consequences of failure of an implant in close proximity to caudal equina and vital organs are of concern. Adjacent segment disease seems to be natural aging process, and despite early intentions, artificial disc replacement has not proven any benefit in altering that progression compared to fusion. Although it is noted the injured worker continues to have complaints of pain and deficits, there are no recent imaging or electrodiagnostic testing provided in the medical record with findings indicating a necessity for the request. The diagnostic studies and imaging provided are from 2 years passed. Given that the referenced guidelines do not recommend the requested surgical procedure, and there are no recent imaging or electrodiagnostic studies with findings to warrant the requested procedure, the total disc arthroplasty at the L3-4 and L4-5 level is not medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Hospital Stay (3-4 day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: VertAlign Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.